

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | | |
|--------------|-----------|-------------|
| SERIAL NO. | 09/194889 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | I | | | | | |
| 2 | | I | | | | |
| 3 | | I | | | | |
| 4 | | I | | | | |
| 5 | | I | | | | |
| 6 | | I | | | | |
| 7 | | I | | | | |
| 8 | I | | | | | |
| 9 | | I | | | | |
| 10 | | I | | | | |
| 11 | | I | | | | |
| 12 | | I | | | | |
| 13 | | I | | | | |
| 14 | | I | | | | |
| 15 | I | | | | | |
| 16 | | I | | | | |
| 17 | | I | | | | |
| 18 | J | | | | | |
| 19 | | I | | | | |
| 20 | | I | | | | |
| 21 | | I | | | | |
| 22 | | I | | | | |
| 23 | | I | | | | |
| 24 | | I | | | | |
| 25 | | I | | | | |
| 26 | | I | | | | |
| 27 | I | | | | | |
| 28 | I | | | | | |
| 29 | | I | | | | |
| 30 | | I | | | | |
| 31 | | I | | | | |
| 32 | I | | | | | |
| 33 | I | | | | | |
| 34 | I | | | | | |
| 35 | I | | | | | |
| 36 | | | | | | |
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| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 10 | | | | | |
| TOTAL DEP. | 25 | ↔ | ↔ | ↔ | ↔ | ↔ |
| TOTAL CLAIMS | 35 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| | | | |
|--------------|------------|------------|------------|
| TOTAL IND. | ↔ | ↔ | ↔ |
| TOTAL DEP. | ↔ | ↔ | ↔ |
| TOTAL CLAIMS | [REDACTED] | [REDACTED] | [REDACTED] |